United States Bankruptcy Court <u>SOUTHERN DISTRI</u> 61288, Houston TX 77208 (Houston Div	CT OF TEXAS P.O.Box ision)	PROOF OF CLAIM
Name of Debtors.	Case Number	
Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-46849 Creditor ID#:
*place an "x" beside the name of the Debtor you are filing a claim against		- Chatag Bankruptcy Court
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.	FILED
News Printing Company	Attach copy of statement giving particulars.	JUL 0 3 2000
Name and address where notices should be sent:  ***********************************	Check box if you have never received any notices from the bankruptcy court in this case	Michael N. Milby, Clerk
PO Box 967 Newton IA 50208-0967	Check box if the address differs from the address on the envelope sent to you by the court.	- ·
Account or other number by which creditor identifies debtor:	Check here replaces if this claim amends a prev	iously filed claim, dated:
1. Basis for Claim  Goods sold  Services performed  Money loaned  Personal injury/wrongful death	Retiree benefits as defined in 11 to Wages, salaries, and compensation Your SS#:  Unpaid compensation for services	n (Fill out below)
Taxes Other	from to	(date)
Other	from to (date)  3. If court judgment, date ob	·
Other	3. If court judgment, date obtained by the litem 5 or 6 below.	tained:
<ul> <li>Other</li></ul>	3. If court judgment, date obtaints of the principal amount of the claim.  6. Unsecured Priority Claim.	Attach itemized statement of all interest or
<ul> <li>Other</li></ul>	3. If court judgment, date obtained by the second s	Attach itemized statement of all interest or
<ul> <li>Other</li></ul>	3. If court judgment, date obtained the litem 5 or 6 below. In to the principal amount of the claim.  6. Unsecured Priority Claim.  Check this box if you have an unappropriate Amount entitled to priority \$ Specify the priority of the claims.  Wages, salaries, or commissions (up to the bankruptcy petition or cessation of the U.S.C. § 507(a)(3)  Contributions to an employee benefit players on all family, or household use - 11 Alimony, maintenance, or support ower 507(a)(7).	Attach itemized statement of all interest or  Unsecured priority claim  \$4,300),* earned within 90 days before filing of he debtor's business, whichever is earlier - 11  an - 11 U.S.C. § 507(a)(4). ase, lease, or rental of property or services for U.S.C. § 507(a)(6). I to a spouse, former spouse, or child - 11 U.S.C.
<ul> <li>Other</li></ul>	3. If court judgment, date obtained the latest section of the claim.  In to the principal amount of the claim.  Check this box if you have an understand the priority of the claim.  Amount entitled to priority \$ Specify the priority of the claim.  Wages, salaries, or commissions (up to the bankruptcy petition or cessation of the U.S.C. § 507(a)(3)  Contributions to an employee benefit play the personal, family, or household use - 11.  Alimony, maintenance, or support owed 507(a)(7).  Taxes or penalties owed to government Other - Specify applicable paragraph or the personal of th	Attach itemized statement of all interest or  Unsecured priority claim  \$4,300),* earned within 90 days before filing of he debtor's business, whichever is earlier - 11  an - 11 U.S.C. § 507(a)(4). ase, lease, or rental of property or services for U.S.C. § 507(a)(6). I to a spouse, former spouse, or child - 11 U.S.C. all units - 11 U.S.C. § 507(a).  98 and every 3 years thereafter with respect to
2. Date debt was incurred:5-4-00 thru 5-24-00  4. Total Amount of Claim at Time Case Filed: \$ 1390.96  If all or part of your claim is secured or entitled to priority, also complet Check this box if claim includes interest or other charges in additional charges.  5. Secured Claim.  Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:  Real Estate Motor Vehicle  Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$  Amount of arrearage and other charges at time case filed included in	3. If court judgment, date obtained the late of the late of the principal amount of the claim.  6. Unsecured Priority Claim.  Check this box if you have an understand the priority of the claim.  Amount entitled to priority \$ Specify the priority of the claim.  Wages, salaries, or commissions (up to the bankruptcy petition or cessation of the U.S.C. § 507(a)(3)  Contributions to an employee benefit players on the personal, family, or household use - 11.  Alimony, maintenance, or support owed 507(a)(7).  Taxes or penalties owed to government of 507(a)(7).  Taxes or penalties owed to government of 4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	Attach itemized statement of all interest or  Unsecured priority claim  \$4,300),* earned within 90 days before filing of he debtor's business, whichever is earlier - 11  an - 11 U.S.C. § 507(a)(4). ase, lease, or rental of property or services for U.S.C. § 507(a)(6). I to a spouse, former spouse, or child - 11 U.S.C. all units - 11 U.S.C. § 507(a).  98 and every 3 years thereafter with respect to

ClibPDF - www.fastio.com

1.4 A ÓIÓE\ 9 1 W 1 EIAIEIA 1

## **NEWS PRINTING COMPANY**

PUBLISHERS OF

## THE NEWTON DAILY NEWS • THE NEWS PLUS • PRINTERS • ENGRAVERS

TELEPHONE (515) 792-3121 • FAX (515) 792-5505 • P.O. BOX 967, NEWTON, IOWA 50208

<u> </u>	3121 - 1 AX (313) 132-	2202 - L.O. BOX 861, MEM
ACCOUNT NO.	INV STAT. DATE	INVOICE STATEMENT NO
1591	05/31/00	405
		·

ACCOUNT

STAGE

NAME

% SPECIALTY RETAILERS INC

PD BOX 35167

HOUSTON, TX

77235-5167

## **TERMS: NET 30 DAYS**

THIS ACCOUNT IS DUE AND PAYABLE 20 DAYS FROM DATE OF INVOICE. A **FINANCE CHARGE** OF 1.50% PER MONTH, WHICH IS AN **ANNUAL PERCENTAGE RATE** OF 18%, WILL BE CHARGED ON ALL BALANCES OVER 30 DAYS.

TRANS DATE	P U 8	TRANSACTION DESCRIPTION	INCHES	RATE	CHARGES	CREDITS
	1	PAY CASH RECEIPT  CRP CR 3/8 PREPRINTS  PAY CASH RECEIPT	· · · · · · · · · · · · · · · · · · ·			1504.08
05/04 05/11 05/17 05/24	1 1 1	SP DISPLAY DAILY NEWS SP DISPLAY DAILY NEWS	30.00 66.00 .00 55.00	6.380 6.380 .000 6.380	191.40 421.08 421.20 357.28	1154.5(
PUBLICATION CODES	J		TOTAL		TOTAL CHARGES	TOTAL CREDITS
1. = The D 2. = The N	•	<del></del>	152.00		1390.96	2667.08
PREVIOUS 84 2667 0-30 D	7.C	E - 2567.08 = TO SERVICE CHARGE . 00 + COUNT STATUS	SERVICE CHARGE OO +	NEW CHARGES 1370.56	TOTAL DU	AMOUNT JE 3字①。孕台

## **RETAIN FOR YOUR FILE**

THANK YOU FOR YOUR BUSINESS. WE APPRECIATE IT!

A	CCOUNT NO	INV STAT DATE	INVOICE STATEMENT NO
	1571	05/31/00	406
		TAL JNT DUE	
	135	0 <u>,95</u>	
• • •			_

ENTER	ACCOUNT NAME	
AMOUNT ENCLOSED	STAGE % SPECIALTY RETAILERS IN PO BOX 35167 HOUSTON,TX	c 77235-516